



Contributing to a better quality of life

**Application for Certification  
of a Non-Resident Contractor**

La. RS 37:2175.2(c)

**Mail to:**

Louisiana Department of Revenue  
Taxpayer Services Division  
P.O. Box 4998  
Baton Rouge, LA 70821-4998  
Phone: (225) 219-7356 • Fax: (225) 219 2065

To be completed by non-resident home-improvement contractors to obtain certification of registration with the Louisiana Department of Revenue as required by La. R.S. 37:2175.2(C)

**PLEASE PRINT OR TYPE.**
**Non-Resident Contractor Information**

Legal Name

Trade Name of Business

Business Location Address

City

State

ZIP

Business Mailing Address (If different from location address)

City

State

ZIP

**Contact Person**

Name of Contact Person

Phone

Email

**Is this business registered for La. Sales/Use tax?**
☐ Yes Account No. \_\_\_\_\_

☐ No Application CR-1 (R-16017) attached. Indicate "Use Tax only" on line 1.  
(This form available for download at [www.revenue.louisiana.gov](http://www.revenue.louisiana.gov))

I attest and affirm that the information detailed in this application is true and accurate to the best of my knowledge.

Applicant Name (Print)

Title

Signature of Applicant

Date (mm/dd/yyyy)

X